



03500.014595

#7/a 2615  
4-27-04  
x  
PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

*APC*  
*6/2x/04*

In re Application of:	)	
YASUO SUDA	)	Examiner: G. Solomon
Application No.: 09/604,964	)	Group Art Unit: 2615
Filed: June 28, 2000	)	
For: IMAGE PICKUP	)	
APPARATUS	)	April 20, 2004

**RECEIVED**

APR 23 2004

Technology Center 2600

**MAIL STOP NON-FEE AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Official Action dated January 20, 2004, Applicant respectfully requests that the following amendments and remarks be entered and considered in the above-identified application.



In re Application of:

YASUO SUDA

Application No.: 09/604,964

Filed: June 28, 2000

For: IMAGE PICKUP APPARATUS

Docket No. 03500.014595

Examiner: G. Solomon

Group Art Unit: 2615

Date: April 20, 2004

**MAIL STOP NON-FEE AMENDMENT**  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

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APR 23 2004

Technology Center 2600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	32	MINUS	32	0	x \$9 \$18	0
INDEP. CLAIMS	2	MINUS	3	0	x \$43 \$86	0
Fee for Multiple Dependent claims \$145/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT—						0

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$\_\_\_\_ is enclosed.

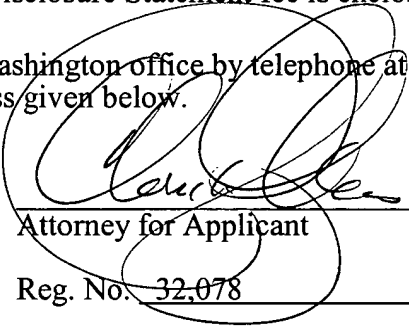
☐ Charge \$\_\_\_\_ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.

☐ A check in the amount of \$\_\_\_\_ to cover the fee for a \_\_\_\_ month extension is enclosed.

☐ A check in the amount of \$\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our Washington office by telephone at (202) 530-1010. All correspondence should be directed to our address given below.

  
\_\_\_\_\_  
Attorney for Applicant

Reg. No. 32,078  
\_\_\_\_\_

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